



## County of Gloucester Request for Public Records Pursuant to the Virginia Freedom of Information Act (FOIA)

In order for the County of Gloucester to accurately process your request for public records under FOIA, please provide the following information to help us assist you.

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) for Contact: \_\_\_\_\_

☐ I understand that I will be charged for copying costs and may be assessed for the administrative time utilized to search for the documents or data requested. A current schedule of costs is available upon request.

☐ I request that all charges for supplying the records I have requested be estimated in advance. I also understand that if charges are expected to exceed \$200, I will be required to pay estimated charges in advance.

**Description of Public Records Requested:**

**RETURN COMPLETED FORM TO:**  
Freedom of Information Compliance Officer  
Gloucester County Department  
of Community Engagement and Public Information  
6382 Main Street, Gloucester, VA 23061

Phone: (804) 693-5730 Fax: (804) 824-2443 Email: [qsheppard@gloucesterva.info](mailto:qsheppard@gloucesterva.info)

### RECEIVING DEPARTMENT/OFFICE

Person & Department Receiving Request: \_\_\_\_\_

Request Received: \_\_\_ In Person \_\_\_ By Phone \_\_\_ In Writing (includes e-mail & attach to form)

### FOIA OFFICER USE ONLY

Date Request Received by FOIA Office: \_\_\_\_\_

Response Type: \_\_\_ Granted \_\_\_ Partial \_\_\_ Denied \_\_\_ Extension Requested & Date: \_\_\_\_\_

Response Sent/Provided Date: \_\_\_\_\_

Specific Information Provided: \_\_\_\_\_

Specific Charges and Payment: \_\_\_\_\_

Revised 01.2024